

LEVEL OF CARE CRITERIA

600. General Information

The following criteria are not intended to be the only determinant of the recipient's need for skilled or intermediate care. Professional judgement and a thorough evaluation of the recipient's medical condition and psychosocial needs as well as an understanding of and the ability to differentiate between the need for skilled or intermediate care. Also, the assessment of other health care alternatives should be made as applicable.

4601. Skilled Level of Care Criteria

4601.1 Skilled Nursing Care

Skilled nursing services, as ordered by a physician, must be required and provided on a 24-hour basis, 7 days a week.

Skilled nursing care is that level of care which provides continuously available professional skilled nursing care, but does not require the degree of medical consultation and support services which are available in the acute care hospital. Skilled nursing services are those which must be furnished under the direct supervision of licensed nursing personnel and under the general direction of a physician in order to achieve the medically desired results and to assure quality patient care.

Skilled nursing services include observation and assessment of the total needs of a patient on a 24-hour basis, planning and management of a recorded treatment plan according to that which is established and approved by a physician, and rendering direct services to the patient.

4601.2 Factors Frequently Indicating Need for Skilled Care

Twenty-four hour observation and assessment of patient needs by a registered nurse or licensed practical nurse.

2. **Intensive rehabilitative services** as ordered by a physician, and provided by a physical, occupational, respiratory or speech therapist five times per week or as indicated by therapist.
3. **Administration and/or control of medication** as required by State law to be the exclusive responsibility of registered or licensed nurses and other specific services subject to such limitation.
4. **Twenty-four hour performance of direct services** that by physician judgement requires:
 - a. a registered nurse
 - b. a licensed practical nurse, or
 - c. other personnel working under the direct supervision of a registered nurse or licensed practical nurse.
5. **Medications:** Drugs requiring intravenous, hypodermoclysis or nasogastric tube administration. The use of drugs requiring close observation during an initial stabilization period or requiring nursing skills or professional judgement on a continuous basis, frequent injections requiring nursing skills or professional judgement.
6. **Colostomy-Ileostomy:** In the stabilization period following surgery and allowing for instruction in self-care.
7. **Gastrostomy:** Feeding or other tube feedings requiring supervision and observation by licensed nurses.
8. **Oxygen therapy:** When monitoring need or careful regulation of flow rate is required.
9. **Tracheostomy:** When twenty-four hour tracheostomy care may be indicated.

Radiation therapy or cancer chemotherapy: When close observation for side effects during course of treatment is required.

11. Isolation: When medically necessary as a limited measure because of contagious or infectious disease.

Sterile Dressings: Requiring prescription medications and aseptic technique by qualified staff.

Decubitus Ulcer(s): When infected or extensive.

14. Uncontrolled Diabetes

15. Conditions which may require SNF care until maximum rehabilitation potential has been reached (time frames may be adjusted according to rehabilitation progress, complications or other pertinent factors):

- New CVA - within three months
- New fractured hip - within three months
- New amputation - within two months or less, adjusted for fitting with prostheses and necessary teaching
- Comatose
- Inoperable brain tumor
- Terminal CA - last stages
- New myocardial infarction - within two months or less
- Congestive heart failure - degree of compensation
- New cholecystectomy - within one month and healing
- New mastectomy - within 2-3 weeks
- New pacemaker - within one month
- New paraplegic/quadruplegic condition
- Surgical patients - within one month

4601.3 Less Serious Conditions Which Alone May Not Justify Placement at the Skilled Level

Although any one of these conditions alone may not justify placement at the skilled level, presence of several of these may justify skilled care. This determination will require careful judgement.

1. **Diagnostic Procedures:** Frequent laboratory procedures when intimately related to medication administration (such as monitoring anticoagulants, arterial blood gas analysis, blood sugars in unstable diabetics).
2. **Medications:** Frequent intramuscular injections, routine or PRN medications requiring daily administration and/or judgement by a licensed nurse.
3. **Treatments:** Required observation, evaluation and assistance by skilled personnel for proper use or patient's safety (e.g., oxygen, hot packs, hot soaks, whirlpool, diathermy, IPPB, etc.).

Skilled procedures including the related teaching and adaptive aspects of skilled nursing are part of the active treatment and the presence of licensed nurses at the time when they are performed is required.

4. **Dietary:** Special therapeutic diets ordered by a physician and requiring close dietary supervision for treatment or control of an illness, such as chronic renal failure, 0.5 grams or less sodium restrictions, etc.
5. **Incontinency:** Intense bowel and bladder retraining programs if deemed necessary in accordance with facility procedures.
6. **Mental and Behavioral Problems:** Mental and behavioral problems requiring treatment or observation by skilled professional personnel, to the extent deemed appropriate for the nursing home.
7. **Psychosocial Conditions:** The psychosocial conditions of each patient will be evaluated in relation to his/her medical condition when determining a change in level of care. Factors taken into consideration along with the patient's medical needs include age, length of stay in current placement, location and condition of spouse, proximity of social support and the effect of transfer on the patient. It is understood that there can always be, to a greater or lesser degree, some trauma with transfer; even sometimes from one room or hall to

another within the same facility. Whenever a patient/resident exhibits acute psychological symptoms, these symptoms and the need for appropriate services and supervision must have been documented by physician's orders or progress notes, and /or by nursing or therapy notes. Proper and timely discharge planning will help alleviate the fear and worry of transfer.

4602. Intermediate Level of Care Criteria

Intermediate care, as ordered by a physician, must be provided on a 24-hour basis, with a minimum of eight hours of licensed nurse coverage daily. Intermediate care is that level of care which provides daily licensed nursing care, but does not require the 24-hour skilled nursing services required in a skilled nursing facility. ICF services must be furnished under the direction of a physician in order to promote and maintain the highest level of functioning of the patient, and to assure quality patient care.

Intermediate care includes daily observation and assessment of the total needs of the patient by a licensed nurse, planning and management of a recorded treatment plan according to that which is established and approved by a physician, and rendering direct services to the patient. In summary, the philosophy of intermediate care is to maintain patients at their maximum level of self care and independence, prevent regression, and/or return them to a previous level of or new stage of independence.

4602.1 Factors Frequently Indicating Need For Intermediate Care (ICF)

1. **Need for daily licensed nurse observation** and assessment of patient needs.
2. **Need for restorative nursing measures** to maintain or restore maximum function, or to prevent the advancement of progressive disabilities as much as possible. Such measures may include, but are not limited to the following:
 - a. encouraging patients to achieve independence in activities of daily living by teaching self care, transfer and ambulation activities.
 - b. use of preventive measures/devices to prevent or retard the development of contractures, such as positioning and alignment, range of motion, use of handrolls and positioning pillows.
 - c. ambulation and gait training with or without assistive devices.
 - d. assistance with or supervision of transfers.
3. **Need for administration and/or control of medications** which, according to State law, are to be the exclusive responsibility of licensed nurses and any other specific services which are subject to such limitations.
4. **Performance of services** that by physician judgement require either:
 - a. a licensed nurse a minimum of 8 hours daily; or
 - b. other personnel working under the supervision of a licensed nurse.
5. **Medications:** The use of drugs for routine and/or maintenance therapy requiring daily observation for drug effectiveness and side effects.
6. **Assistance with activities of daily living** (i.e., bathing, eating, toileting, dressing, transfer/ambulation), including maintenance of foley catheters and ostomies, supervision of special diets, and proper skin care of incontinent patients.
7. **Colostomy - Ileostomy:** Maintenance of ostomy patients, including daily monitoring and nursing intervention to assure adequate elimination and proper skin care.
8. **Oxygen Therapy:** Oxygen as a temporary or intermittent therapy.
9. **Radiation Therapy or Cancer Chemotherapy:** When a physician determines that daily observation by a licensed nurse is required and adequate.

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10. **Isolation:** When medically necessary on a limited basis because of non-complicated contagious or infectious disease requiring daily observation by licensed personnel, not complicated by other factors requiring skilled care.

Dressings: Requiring prescription medications and/or aseptic or sterile technique no more than once daily by licensed staff.

12. **Skin Condition:**

- a. decubitus ulcer(s) when not infected or extensive
- b. minor skin tears, abrasions or chronic skin conditions requiring daily observation and/or intervention by licensed personnel.

13. **Diabetes:** When daily observation of dietary intake and/or medication administration is required for proper physiological control.

4602.2 Illustrative Requirements Which, When Present in Combination, Can Justify Intermediate Level Placement

1. **Tracheostomy:** When minimal assistance or observation of self care technique is required.
2. **Need for teaching and counseling** related to a disease process and/or disabilities, diet or medications.
3. **Ancillary Therapies:** Supervision of patient performance of procedures taught by physical, occupational or speech therapists. This may include care of braces or prostheses and general care of plaster casts.
4. **Injections:** Given during the hours a nurse is on duty requiring administration and/or professional judgement by a licensed nurse.
5. **Treatments:** Temporary cast, braces, splint, hot or cold applications, or other appliances requiring nursing care and direction.
6. **Psychosocial Considerations:** The psychosocial condition of each patient will be evaluated in relation to his/her medical condition when determining a change in level of care. Factors taken into consideration along with the patient's medical needs include age, length of stay in current placement, location and condition of spouse, proximity of social support and the effect of transfer on the patient. It is understood that there can always be, to a greater or lesser degree, some trauma with transfer, even sometimes from one room or hall to another within the same facility. Whenever a patient/resident exhibits acute psychological symptoms, these symptoms and the need for appropriate services and supervision must have been documented by physician's orders or progress notes, and/or by nursing or therapy notes. Proper and timely discharge planning will help alleviate the fear and worry of transfer.
7. **Use of protective devices or restraints** to assure that each patient is restrained in accordance with the physician's order and that the restrained patient is appropriately evaluated and released at a minimum of every two hours.
8. **Other conditions which may require ICF care:**
 - Blindness.
 - Behavioral problems such as wandering, verbal disruptiveness, combativeness, verbal or physical abusiveness, inappropriate behavior when these can be properly managed in an intermediate care facility.
 - Frequent falls.
 - Chronic recurrent medical problems which require daily observation by licensed personnel for prevention and/or treatment.

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